THE HEALTH of NORTHAMPTONSHIRE in 1968

PART II

Report of the Principal School Medical Officer

Speech therapy inside the mobile school clinic

NORTHAMPTONSHIRE COUNTY COUNCIL
EDUCATION COMMITTEE

SCHOOL HEALTH SERVICE

ANNUAL REPORT 1968

Principal School Medical Officer:
W. J. McQUILLAN
M.B., B.Ch., L.M., D.P.H., D.C.H.

TABLE OF CONTENTS

The School Health Department,
Guildhall Road,
Northampton.

April, 1969.

To the Chairman and Members of the Northamptonshire Education Committee

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the sixty-first annual report on the health of schoolchildren in Northamptonshire.

The shortage of doctors, the present national financial stringency and the expanding population have combined to cause acute difficulties in the staffing of the service during the year and, as had been expected, the task of integrating general practitioners into the School Health Service added to these difficulties. The tables showing the drop in the number of children examined reflect the extent of the shortage of medical officer sessions. In these circumstances priority was given to the examination of school entrants, who were considered to be the group most in need of attention, and, in fact, a greater proportion of these were examined than in the previous year. It is hoped that during the coming year more general practitioners will undertake this work, with a consequent increase in the numbers of children examined and in addition an improvement in the relationship between the staff of the School Health Service and general practitioners. In view of the drop in the total number of children examined, it would be inappropriate to come to any firm conclusion about the figures relating to the selection procedure. Although the majority of children were healthy, it is interesting to note that the medical officers have referred to the increasing number of children who require attention because of minor emotional disturbances. More attention is being given to these problems than formerly —a welcome development, since it is not always the obviously handicapped child who most needs attention.

An expansion of health education activities took place in primary, grammar and secondary schools during the year. Teachers continued to show an increasing interest in this work, and it is regrettable that so little in the way of resources can be devoted to this task.

An important new development was the establishment of an observation class for the physically handicapped at Kingsley School. The teacher in charge, who is an educational psychologist, is interested in the problem of dealing with emotionally disturbed children, and children with a variety of problems are admitted to this class for observation. The relaxed atmosphere in which the class is conducted helps to restore their confidence and provides the teachers and others concerned with the opportunity of observing the child's behaviour, and of coming to some reasonable conclusion about the child's problems and the best way in which to deal with them. The number of children suffering from minimal cerebral palsy attending the school continues to increase as do children suffering from spina bifida, although the numerical increase of the latter is considerably smaller. A number of children attending this school

receive physiotherapy at the Outpatient Department of Kettering General Hospital and it is hoped that eventually this can be provided at the school.

Combining the hearing and vision screening service has proved very satisfactory, and many of the difficulties which were encountered by the staff who formerly carried out these tests have now been overcome, with the result that more accurate results are available.

The Child Guidance Service continues to work under difficulties. This is regrettable, as it has become more noticeable in recent years that the number of children with emotional disturbances and behavioural problems has grown. It is hoped that further expansion in this important aspect of child health will take place during the coming year.

I should like to thank my Deputy, Dr. J. Sarginson, who has had the task of preparing the major part of this report, Dr. V. V. Tracey, who is responsible for supervising the day-to-day work of the service, and the staff of the School Health Service and the Education Department for their support. I would also like to thank the Chairman and members of the Medical Inspection and Treatment Committee for the continued interest which they show in this very important service.

I have the honour to be,

Your obedient servant,

W. J. McQUILLAN,
Principal School Medical Officer.

SCHOOL MEDICAL INSPECTIONS

Schools

The number of schools in the Authority's area at 31st December, 1968 was :

Comprehensive	4
Primary	220
Technical	1
Grammar	8
Bi-lateral	1
Modern	27
Nursery	3
Special	5
TOTAL	269

Total number of pupils on the registers at autumn term 1968 : **51,222**

Medical examinations

The pattern of physical defects found in the course of medical examinations and calling for treatment is indicated in the following table :

TABLE 1

Defect	*No. of defects recorded as requiring treatment* (5,761 *pupils examined*)	*Rate of defects ascertained per* 1,000 *children examined*		
		1968	**1967**	**1966**
Vision	60	10.41	14.77	17.60
Nose and throat	156	27.07	33.28	12.26
Orthopædic—posture	8	1.38	0.82	0.55
—feet	5	0.86	2.67	2.12
—other	8	1.38	1.39	0.65
Squint	13	2.25	1.49	1.84
Skin	8	1.38	2.03	2.21
Developmental—hernia	6	1.04	0.32	0.46
—other	12	2.08	1.17	0.46
Lungs	28	4.60	4.70	1.94
Heart and circulation	2	0.34	0.96	0.37
Otitis media	8	1.38	0.64	0.18

For a full table see pages 40 and 41.

Comments

There was a slight fall in the incidence of defects of the nose and throat ; many of these children were referred for treatment on account of enlarged tonsils. Most of the lung conditions found requiring treatment were due to minor acute chest infections which were referred to family doctors. A fall in the incidence of vision defects is also noted.

Difficulties due to the shortage of doctors were more acute during the year ; 290 fewer medical officer sessions were available during 1968 than in 1967, and as a result fewer medical examinations were carried out than in the previous year. Because of the shortage of medical officers, priority was given to the examination of school entrants most of whom were examined during the year. The number awaiting examination in December is shown in Table 2 ; this indicates the number of children who had been at school for only one term and who would almost certainly be examined during their second term at school. The number of school leavers examined fell sharply, but to offset this teachers were requested to submit the names of children due to leave school whom the teachers felt might be suffering from a handicap which needed investigation. Special examinations were then arranged to assess these children.

TABLE 2

	Children awaiting examination		
	December, 1968	December, 1967	December, 1966
Entrants	600	988	832
Leavers	3,339	835	158
Others	509	1,282	680

Towards the end of 1968, a number of family doctors in the County began to carry out examinations of school children. Other family doctors have indicated their interest in this work and it is expected that there will be a considerable growth in the number of school health examinations carried out by them in 1969. In the early stages, family doctors who already had a large proportion of children in the relevant schools on their practice lists were chosen. It is hoped that their background knowledge will be of great value in the assessment of children known to them and, where the child is not on their list, their links with general practitioner colleagues in the area should enable a satisfactory system of communications to be established.

It is expected that the additional time devoted by family doctors to school health work will reduce the number of children awaiting examination, and indeed permit all necessary examinations of entrants, selective examinations and leavers to be performed during the school year. It will also permit the local authority medical officers to devote more time to assessing the needs of handicapped children, both in relation to their educational requirements and with regard to further training or work placement after they leave school.

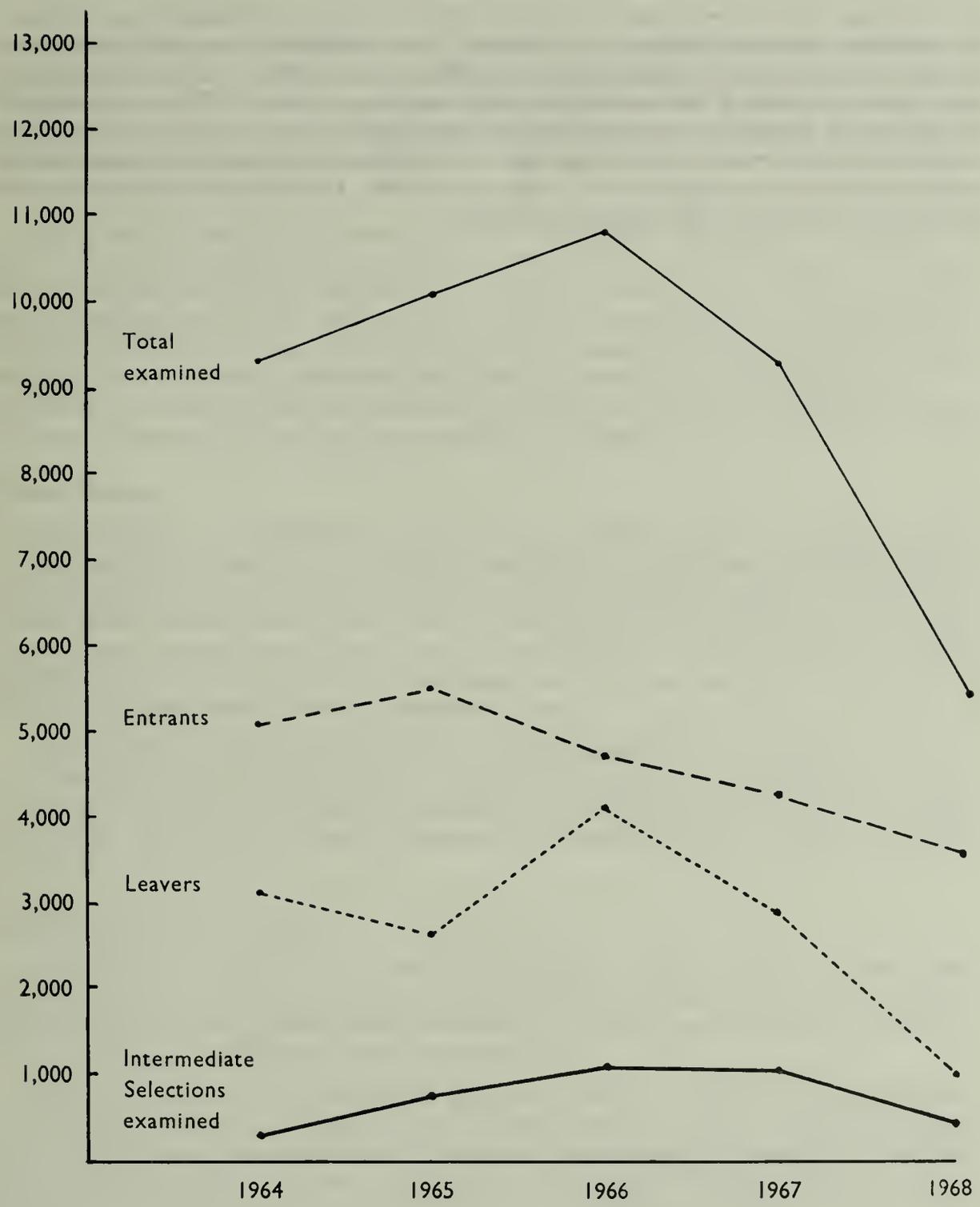
TABLE 3

	1968	**1967**	**1966**
Number of pupils examined (all age groups) ...	5,761	9,344	10,851
Pupils considered for intermediate examination ...	2,201	3,903	2,633
Pupils selected for intermediate examination ...	420 (19%)	1,114 (28.5%)	1,147 (40%)
Pupils selected for intermediate examination who required (or were receiving) treatment ...	15 (3.6%)	87 (7.8%)	55 (4.8%)

The selection procedure during 1968 was similar to that followed in 1967. A questionnaire was sent to parents, and the children in the intermediate age group were discussed by the school health and teaching staff. Due to the shortage of doctors, 3,574 children in the intermediate age group in 142 schools were not considered for selection in 1968.

Table 3 summarises the position as far as intermediate examination selections are concerned for the past three years, and it is interesting to note that the proportion of children selected for examination has fallen each year. It appeared last year that this fall in the proportion selected for examination was accompanied by an increased incidence in those selected with defects requiring treatment. However, this trend has not been maintained, and it will be necessary during the coming year to look more closely at the selection procedure.

NUMBER OF PUPILS EXAMINED



Individual medical officers' reports state that the vast majority of children in the schools are healthy, but they also state, however, that an increased amount of time is taken up in dealing with minor behavioural problems, which in themselves are not sufficiently serious to demand referral to the Child Guidance Clinic.

Last year reference was made to a new record card to assist in communication between the examining doctor and teachers in the schools. Information about the child is written on one side of a card similar in shape, size and colouring to Form 10bM. The other side of this card contains a record of audiometric and vision tests done in school. The cards are freely available to all members of the school staff, and are brought before the doctor or school nurse at the times of their visits so that further entries can be made as appropriate. The cards were introduced into almost all schools in the County during 1968. On the whole they have been well received, and seem to be improving communications.

HEALTH EDUCATION

During the year the demand for health education in schools continued to increase, and as a result the Health Education section continued to work under heavy pressure. Miss J. Wingfield returned to the Department in July having obtained the Diploma in Content and Method in Health Education and both assistant organisers are now qualified. The two visual aids assistants continue to produce material of a very high quality, but it is not possible to meet all the requests for aids.

The County Committee for Health Education in Schools met several times during the year. There was a considerable interchange of ideas, but it was felt by members of the Committee that, as they were all committed to a health education policy in school, it would be more advantageous to change the membership. After some discussion it was agreed that it would be useful to reconstitute the Committee from head teachers representing primary schools, to enable them to discuss in more detail the particular problems relating to those schools. It is hoped that this will lead to a better syllabus for use in primary schools and will enable the new syllabus to be accepted in more primary schools than at present.

Primary Schools

Five primary schools follow the health education syllabus planned for primary schools. Varying amounts of basic health education are carried out in other primary schools by incorporating it in general studies. A list of suitable topics and background reading is being prepared, so that primary teachers may provide more comprehensive teaching on health and know when to seek expert advice from a Health Department colleague. It is clear that basic health education must be given from the earliest stages, and this should facilitate the provision of more sophisticated health education in secondary schools.

A male health visiting officer is taking a particular interest in this problem, and he is developing a revised syllabus for junior schools in conjunction with a headmaster, a potted version of which will be presented to the parents of the children prior to its introduction into the schools. It is hoped that this will help the whole family to develop a real and conscious interest in health education.

Grammar and Secondary Schools

Three grammar schools are receiving talks on health topics by members of the Health Department ; they are always introduced after meetings with parent/staff groups. During the autumn term, a senior health visitor completed for the first time a course of six talks from the " Growing up " syllabus at Corby Grammar School.

Other secondary schools continue to show their interest in health education and the " Growing up " syllabus is now used by 21 secondary schools. It has been accepted for some time that the number of suitable Health Department staff available to present the " Growing up " syllabus to such schools was limited and that little or no expansion of the programme could be contemplated. The problem was discussed with the Head Teachers' Committee, and it was decided that an attempt should be made to interest schools in running the course themselves. A pilot course for teachers covering three half-days was held during 1968, at which the

syllabus was discussed and various teaching aids demonstrated. There was a considerable amount of lively discussion and much interest was shown by the teachers. To date only one of the teachers has taken over the health education syllabus in her school, but this has freed a member of the Health Department staff to introduce the course in another school.

A novel course on the Health Service was organised during the Autumn term in Corby by Dr. F. R. N. Lynch, District Medical Officer of Health. During the course, information was given on services for the public, including a talk by the Clerk of the Executive Council, and visits to health, welfare and sanitary establishments in the area were organised. The course aroused a great deal of interest in the pupils and it is hoped an awareness of the community in which they live.

St. John's School, Tiffield

Presentation of the modified " Growing up " syllabus has been continued by male members of the Health Department staff, and the good relationship they have built up with the school staff is reflected in the enthusiasm with which the boys join in the discussion groups. It is felt that these " lessons " can do much to promote a healthy approach to life and the problems which may await the boys when they leave this approved school.

In-Service Training on First Aid for Teachers

From time to time the Department is asked to provide a nurse at a school or for a group of schools to give first aid attention for the minor injuries which occur there. It has not been possible to justify such an appointment, as for any given area the number of accidents requiring the skilled attention of a highly trained nurse is very small. It is however recognized that there should be at least one person, but preferably two or more, in each school who is able to give first aid attention when injuries occur. To meet this need the Department has for some time organized short one-day courses in first aid for teachers.

Two more single day courses were held in October at the University Centre, Northampton. As in previous years, the response to invitations was greater than could be catered for in this type of course where practical participation is essential. Further courses in which senior medical officers and ambulance staff will take part are to be organized by the Health Education section.

Conference for Head Teachers

Two single day conferences for head teachers were held in February at the Northamptonshire headquarters of the National Association of Youth Clubs, and in March at Kettering Technical College, respectively. The morning session on each day was devoted to " Health in Education ".

The necessity to integrate health education within the ordinary school syllabus at all stages of a child's education from primary school up to school leaving age was emphasized. It was shown that it was important to give instruction in health education matters with increasing depth, as the child's knowledge and understanding grew with age. Particular attention was given to dental health education and a display illustrating the talks was on view. The talks were followed by discussion and the showing of two films used for health teaching in schools.

The afternoon sessions covered the work of the Child Guidance Service and the School Psychological Service. There followed a most informative question and answer session in which many points were well explained.

Every session was well attended, and the success of the conference is reflected in a request to provide a similar programme at the next local National Union of Teachers Conference.

Exhibition Caravan

A caravan was acquired from the disbanded Civil Defence for use as a mobile health education display, and has initially been used to house an exhibition designed for secondary school children. The first mobile exhibition, designed and constructed within the Health Education section, concerned leisure, recreation and personal relationships, and was shown at Roade, Deanshanger and Brackley Schools during the Autumn. The exhibition, which aimed to promote discussion between pupils and staff, showed the importance of planning the use of leisure time. Useful information was gained from this exercise which will be borne in mind when mounting further displays.

The future

For many years the association between cigarette smoking and lung cancer has been recognised, and yet, during the same period, campaigns to reduce the incidence of cigarette smoking have not been very successful. Even more recently there has been comment nationally on the increase in the incidence of pregnancy in school girls, and of drug-taking amongst school children and adolescents. These are only three problems which have been highlighted but there are many others, such as racial disharmony and other aspects of breakdown in interpersonal relationships.

With many young people to-day it is pointless taking the attitude that these things are wrong. It is necessary to present a reasoned discussion on the problems of the day in such a way that young people can make up their own minds. The need for health education is therefore greater than it has ever been. This has been recognized nationally, and the new Health Education Council Limited has more than doubled its budget for 1969/70.

HANDICAPPED PUPILS

Blind. One child was ascertained as blind. There are now eight pupils in special schools for the blind.

Partially sighted. Two pupils were assessed during the year, and twelve partially sighted pupils are now being educated in special schools.

Deaf. Two pupils were assessed as needing special educational treatment in boarding special schools and were satisfactorily placed. One child who had been assessed in 1967 was also placed in a similar school. At the end of the year 13 pupils were in boarding schools.

Partially hearing. Two partially hearing children were ascertained during the year and a total of four were placed in boarding special schools. At the end of the year 16 pupils were in boarding schools and the special unit for partially hearing children at Kettering Avondale Junior School was accommodating nine pupils.

Educationally sub-normal. One hundred and eight children were examined following reports from head teachers and school doctors of failure to maintain progress in school and, of this number, 89 were recommended for transfer to day or boarding special schools.

At the end of the year special education was being provided for 343 educationally sub-normal pupils and there were 105 remaining unplaced, although offers of placement in special schools has been refused by the parents of 59 of these children.

Epileptic. One pupil was ascertained as handicapped on account of epilepsy. This pupil and one who was ascertained in 1967 were admitted to boarding schools. Twelve pupils were receiving such education at the end of the year.

Maladjusted. Twenty-seven pupils were recommended for transfer to schools for the maladjusted or to boarding homes, and twelve of them were placed. Twelve pupils similarly assessed prior to January 1st were also suitably placed. At the end of the year 39 children were in special schools and nine in hostels (Holyrood or Rostrevor).

Physically handicapped. Fifteen children were ascertained and 13 admitted to special schools. At the end of the year 53 physically handicapped pupils were receiving special educational treatment, including 34 at Kingsley Special School, Kettering.

Delicate. Nine new cases were reported and in all, five were admitted to special schools. At the end of the year 27 pupils were in special schools, 17 of them in Kingsley Special School.

Speech defects. Three pupils were recommended for admission to Moor House Special School and one was admitted during the year.

SPECIAL SCHOOLS

As with normal children, it is the policy of this Authority to help a handicapped child to develop his skills to the maximum. For some this means placement in a special school, either on a residential or a day basis. Such a placement in a sheltered atmosphere, however, may make it more difficult for the child to be integrated into a normal community on leaving school. For this reason, wherever possible, a handicapped child is educated in a normal school along with his peers who live in the same locality. This can only be done where it is thought that his education will not suffer, but when successful it helps in his integration into the community. In spite of this policy, however, it was necessary to place 56 more pupils in special schools at the end of 1968 than were so placed at the end of 1967.

Special schools outside the County

When compared with 1967, the number of educationally subnormal pupils placed in boarding schools outside the County was reduced by one. At the same time, the number of children placed in boarding schools for other categories of handicapped children increased by 22, so that a total of 123 children were placed in boarding schools outside the County at the end of the year. The largest group comprised malajusted children, and in addition to the 39 children placed there were 19 more pupils on the waiting list for places ; seven of these have waited already for over 12 months. The difficulties in finding accommodation are still acute, as this increase will indicate.

Special schools maintained by the County

Name of school	*Location*	*Type*	*No. of pupils*	
			M	F
Loddington Hall	Loddington	Boarding—E.S.N.	59	—
Brookfield	Wellingborough	Boarding/Day* E.S.N.	37	60*
Firdale	Corby	Day E.S.N.	57	39
Isebrook	Kettering	Day E.S.N.	43	34
Kingsley	Kettering	Day P.H.	38	22

* This school has 25 girl boarders.

Kingsley School

1968 was the first full year for the operation of this school solely for physically handicapped children. During the year indoor toilets have been provided to replace the outdoor ones. A considerable area has been tar macadamed, thus providing additional play-area for use in wet weather and it also provides a much better surface for children using tricycles, scooters, pedal-cars and wheel-chairs. More extensive work is planned for the future to improve the facilities available.

An analysis of the different types of handicapped children attending the school is given in the following table ; the figures for 1967 are shown in parentheses.

Asthma	4 (3)	Hirschsprungs disease ...	1 (1)
Arthritis	1 (1)	Hydrocephalus	1 (1)
Bronchitis	1 (2)	Muscular dystrophy ...	2 (2)
Cerebellar degeneration ...	1 (–)	Osteo-chondrodystrophy ...	1 (–)
Cerebral palsy and minimal brain damage	12 (11)	Partially sighted	1 (1)
Cranium bifidum	1 (1)	Road accident	2 (–)
Delicate	3 (2)	Speech defect	1 (–)
Diabetes	1 (1)	Spina bifida	7 (6)
Epidermolysis bullosa ...	2 (2)	Talipes	1 (–)
Epilepsy	9 (5)	Thalassaemia major ...	1 (1)
Heart disease	3 (2)	Observation	5 (–)

During the year six children were transferred to other schools : one with spina bifida to a residential school, one to a training centre school, two to E.S.N. schools, and two to ordinary schools.

The observation class is a new development and was originally established as an educational assessment unit, where the child's ability could be assessed and a decision made as to the most suitable type of school. However, the teacher in charge, an education psychologist, is interested in the problem of the disturbed child, with the result that the unit also accepts the maladjusted or the child with a behaviour problem. The class, which at present has five pupils, caters for the five to eight year old age group. The almost individual tuition in a relaxed atmosphere has enabled good progress to be made in sorting out some of the problems. During 1968 there has been a steady turnover in the " population " of the class which has had a throughput of 12 children during the year. From this class children have been transferred to the main school, to E.S.N. schools and to junior training centre schools.

As anticipated last year, the number of long-stay cases at this school continues to increase. The number of children at the school suffering from spina bifida is only slightly up on last year, but more cases are known who will soon reach school age.

Children suffering from cerebral palsy and minimal brain damage present a wide range of handicaps. Thus, some have spasticity affecting both legs, some have an arm and leg affected, whilst others have only one limb involved. The extent of involvement varies from inability to use the limb, to clumsiness which is only apparent on attempting skilled movements. The brain damage usually results in the child having multiple handicaps, e.g., in addition to spasticity there may be speech and hearing defects plus impaired intelligence.

Children suffering from epilepsy attending the school show a wide variation in the degree of illness. Children are selected whose clinical illness makes them unsuitable for education in an ordinary school. In addition to this, they can benefit from small classes, as the individual tuition helps to combat learning difficulties which are due to a combination of the epileptic state and the treatment given.

Wheel-chairs are available for those pupils who need them ; others manage to move about using calipers and crutches ; special equipment is available to help in the acquisition of the finer skills.

Among the future needs of Kingsley School, two deserve special mention. One is the establishment of a nursery class to give early help to some of the handicapped children, and the other is the need to increase the amount of physiotherapy available, which ideally should be provided in the school.

Avondale Partially Hearing Unit

This unit continues to benefit from being associated with normal primary schools and full use is made of it. The educational problems were probably greater during 1968 for the following reasons :

(i) a wider age range, from 5 to 11 years ;
(ii) a wider range of hearing loss ;
(iii) a change of teacher.

The ability of the individual pupils varies considerably. One child is probably E.S.N. and will present placement difficulty on reaching secondary school age. At the other end of the scale, it is hoped that one of the girls will obtain a place at the Mary Hare Grammar School in 1969. In July one boy was transferred from the unit to a residential school, and there were 9 children in the unit at the end of the year.

The notes on Kingsley School and the Avondale Unit for Partially Hearing Children were prepared from reports submitted by Dr. J. J. Cope.

HEARING AND VISION SCREENING

The combined hearing and vision screening service which was described in the Annual Report for 1967 has been developing satisfactorily during the year. There is no doubt that many more children are being examined particularly with regard to audiometric screening as will be seen from the histogram on page 18. The introduction of two mobile school clinics which are referred to also under speech therapy have proved very useful. The use of these clinics permits testing to be carried out in quieter surroundings than would otherwise be possible in a small school and the clinic nurses who perform these duties are very appreciative of the improved facilities provided.

DEFECTIVE VISION

A total of 2,499 examinations or re-examinations was carried out and 866 pairs of spectacles were prescribed at 168 clinic sessions conducted by ophthalmologists whose services were made available by the Regional Hospital Board.

TABLE 4

	Number of children on waiting list		
Centre	1*st January*, 1967	31*st December*, 1967	31*st December*, 1968
Corby	328	60	40
Kettering	358	46	40
Rushden	68	19	18
Wellingborough	46	103	40
Northampton	66	55	38
Totals	866	283	176

Table 4 shows the reduction in the waiting lists and gives some idea of the improved service. Although 176 cases were on the waiting list at December 31st 1968 all these children will have been seen during January, 1969. It is with great pleasure that I have to record that for the first time in many years no child had to wait more than two or three weeks to see a consultant ophthalmologist once the parent had agreed to the referral.

Vision screening in schools

With the purchase of four more Keystone Telebinocular Vision Screeners in May and by means of re-allocation of duties it has been possible to arrange for the clinic nurses to undertake all periodic screening of children's eyesight. Tests are carried out on school entrants during their second term at school, at eight and 12 years and during the last year at school. 13,769 routine examinations were made—7,771 of them by means of the Keystone screeners and in addition 492 children were tested at the special request of school medical officers, head teachers and others, and 49 re-examinations were made.

Using telebinocular screeners the visual acuity of children able to read letters is tested and recorded in terms equivalent to the Snellen test card. For children unable to read letters there is a picture screening test which differentiates between those with vision of 6/12 or worse in either eye and those whose vision is better than 6/12 in either eye and the result is recorded as "Passed" or "Failed". The standard tests with the screener include a test for muscle imbalance and a test of depth and colour perception. An additional screening test for colour vision is carried out at 12 years of age and 69 pupils, six of whom were girls, failed to differentiate colours correctly. Because of the implications for future employment, parents were advised of the defect found. The results of tests are entered by the clinic nurses on the combined test record and subsidiary medical card which is kept in school.

Entrants vision test

Experience has shown that the picture test for illiterates has to be used at this age and the result is consequently recorded as Passed or Failed.

Eight year old test

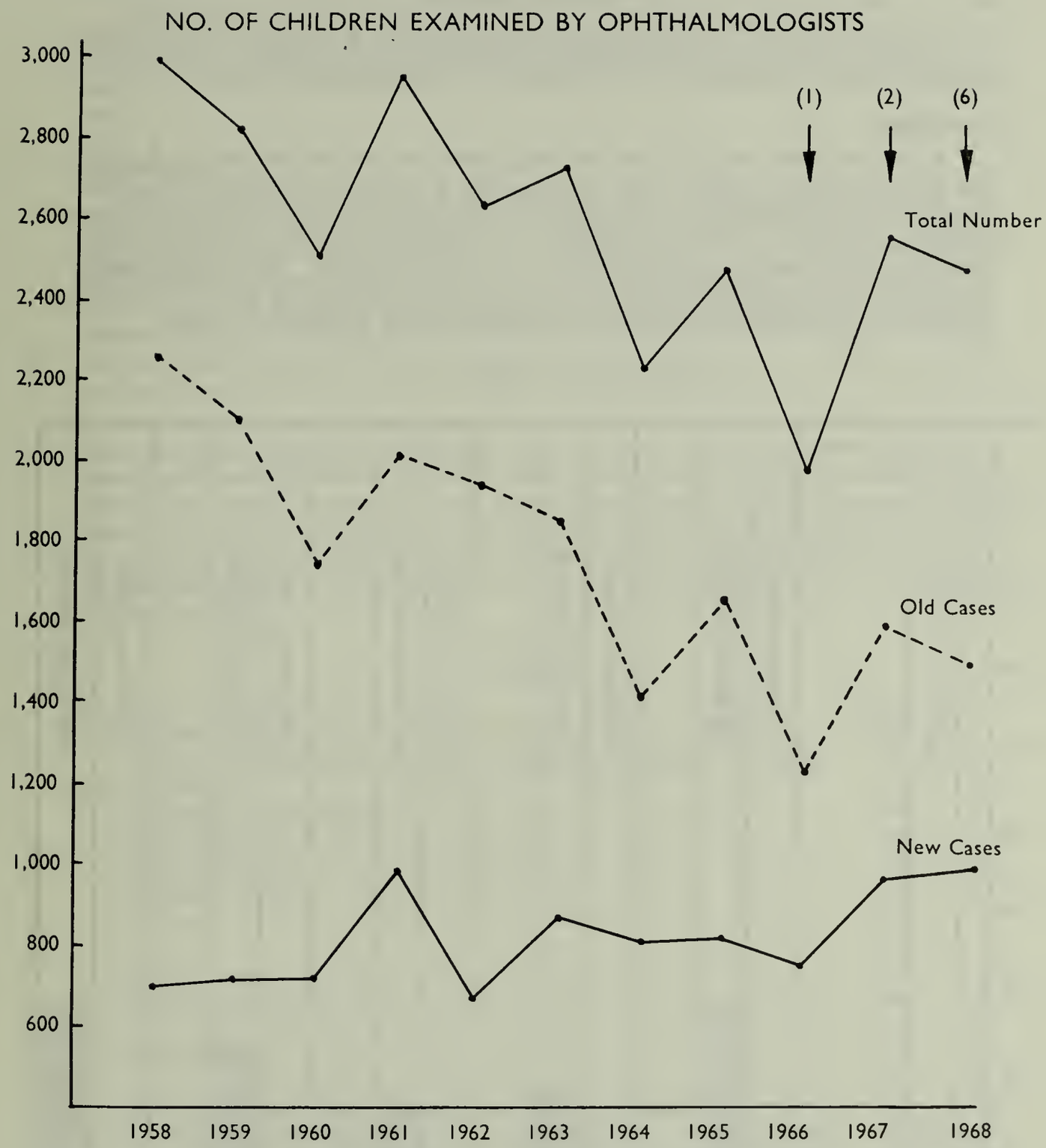
Wherever possible the full test is used and the result is recorded as 6/6, 6/6 etcetera, as when the Snellen card was used. If it has still been necessary to use the picture test, the letter I (illiterate) is entered next to the date so that there is no confusion as to which test has been used.

Twelve year old test

The same applies as at eight years old but the colour vision test must be included. Those who fail the screening test of colour vision undergo a further test with the Isihara book.

Leavers test

The same procedure is followed as for 12 year olds.



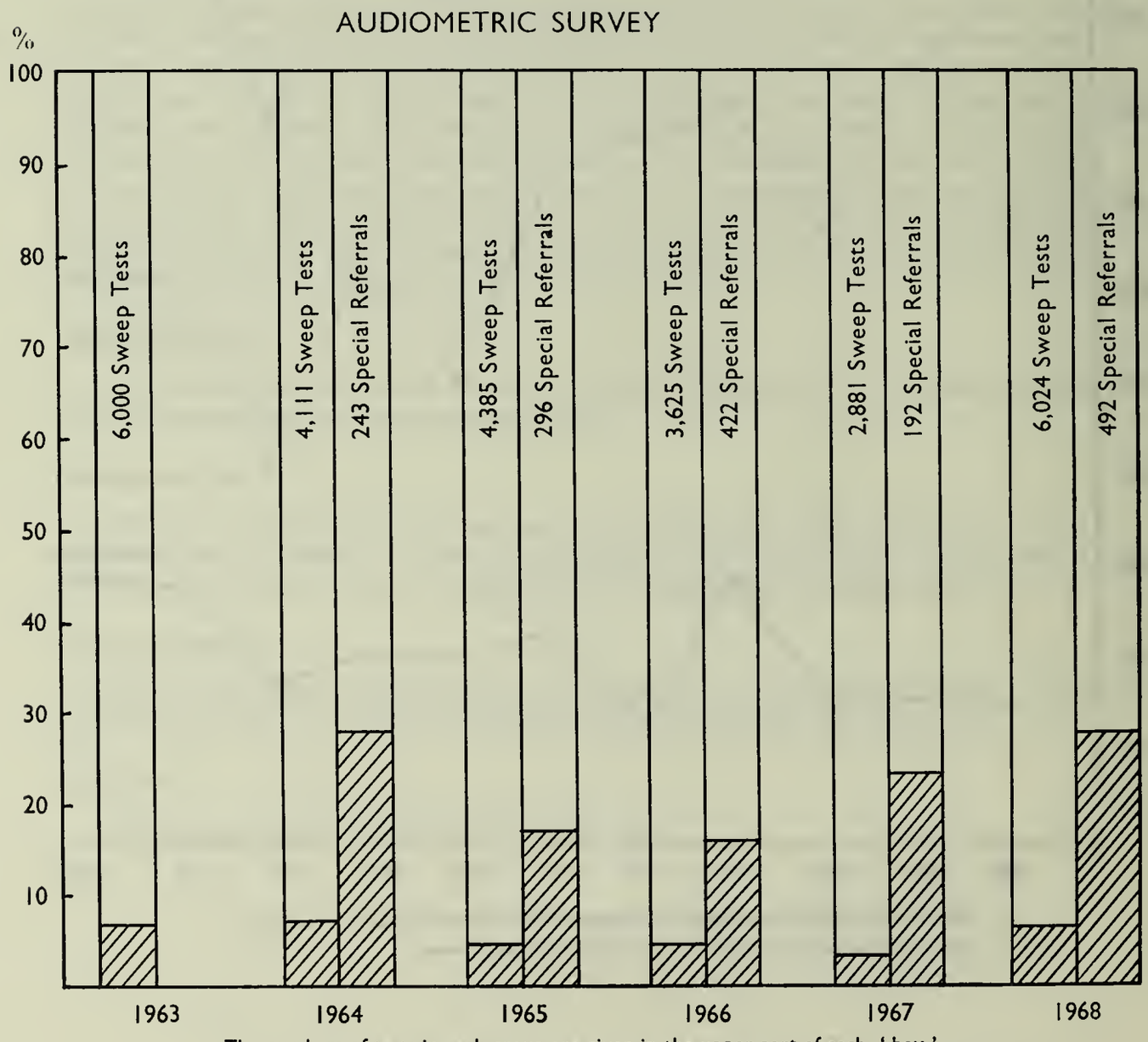
The arrows indicate introduction of Keystone Vision Testers for use in screening.
The total number of machines in use is shown in parentheses.

AUDIOLOGY SERVICE

Further development of the audiology service continued during 1968. Four part-time clinic nurses are now employed to cover the whole area for audiometric purposes.

Hearing aids

At the end of the year 51 children attending schools were wearing Medresco hearing aids, five of which were first issued in 1968. Certain types of commercial aids which prove more suitable for some children than the Medresco aid, which is supplied under the National Health Service, are provided on the recommendation of a consultant ear, nose and throat surgeon. One such aid was provided during the year for a child of school age. The senior peripatetic teacher for the deaf supervises tests to decide which aid is most suitable for a child. A total of six commercial type hearing aids has now been supplied for use by children in schools.



The numbers of tests in each group are given in the upper part of each ' box '.
The lower shaded portion shows the percentage of children referred to assessment clinics.

Audiology clinic

The audiology clinic held in conjunction with Mr. W. C. Gledhill's out-patient clinic continues monthly and is now held in the new clinic premises at Cheyne Walk, Northampton. This clinic provides a useful link between the hospital and the school health service, as it enables local authority staff to meet and discuss cases amongst themselves and also directly with the hospital staff.

Audiometry

The audiometric service began in January, 1963 when a full-time audiometric nurse was appointed to carry out routine hearing screening tests on all children at the age of six and to test, in addition, special referrals from school medical officers, head teachers, educational psychologists and others. All these tests are now carried out by the four part-time clinic nurses referred to above. Those who fail the initial test are referred to assessment clinics where more detailed examinations are carried out by a specially trained school medical officer. If he decides that certain children need further investigation he then refers them to a consultant otologist with the consent of the family doctor.

As a natural extension of this service a Senior Peripatetic Teacher for the Deaf was appointed by the Education Department in September 1965. His duties may be summarized as follows : assessment of hearing difficulties in relation to education ; giving advice to parents and teachers ; assessing the value of hearing aids ; and making periodic visits to partially hearing children under school age. Having established the service and shown its value it is with regret that his resignation on December 31st has to be recorded. However the establishment of a further peripatetic teacher has been approved and a teacher was appointed to this post with effect from January 1st, 1969.

TABLE 5

Statistics

	1968	1967
Sweep tests		
Number given sweep tests	6,024	2,881
Number who failed and were referred to assessment clinics	373 (6.2%)	97 (3.4%)
Special referrals		
By school medical officers	178	157
By head teachers	211	39
By school nurses	33	13
By speech therapists	53	3
By others	17	4
Total	492	216
Number still awaiting visits	14	24
Number seen	478	192
Number who were found to have a defect and were referred to assessment clinics	134 (28.0%)	45 (23.4%)

Fifty-four hearing assessment clinics were held at various centres throughout the county and from these 25 children were referred to their family doctors and 22 to Ear, Nose and Throat Specialists. On December 31st 79 cases were awaiting assessment clinic appointments : 55 of these were, however, due to be seen in the first month of 1969.

ENURESIS CLINICS

Two medical officers run enuresis clinics in the County and, although these are many miles apart, it is interesting to note that both doctors report that their patients may be divided into two groups. The first group consists of children from essentially normal families, where the difficulty is apparently one of habit which is often easily cured. The second group of children are either maladjusted or come from severely disturbed homes. Very little success is reported with this group.

The following reports have been submitted by Dr. Dawkins and Dr. Goodchild, who hold monthly clinics at Daventry and Corby respectively.

Daventry

Review of Five Years, 1963-68

As the clinic has been in operation for a little over five years the results are given in the table below.

Total numbers seen during the period	158
Total attendances	506
Total number cured	
(a) after use of bell	55
(b) without use of bell	44
Number referred to child guidance clinics	4
Number referred to paediatricians or general practitioners	5

The clinic is held at the Daventry Comprehensive School once a month. One of the Daventry health visitors, Mrs. E. Wolff, who has taken a special interest in enuretics, is also in attendance and many of the children and their family circumstances are known to her. In addition, however, other children from a wide rural area also attend, some of whom are referred directly to the clinic by other health visitors who have on occasions also attended at the clinic. Transport is provided; the children are always accompanied by a parent or guardian at the first visit; the younger children are accompanied on subsequent visits, but older children occasionally attend alone for subsequent appointments.

Initially the aim is to establish the confidence of cure in both parent and child. At the first visit a careful physical and psychological history is taken and is followed by a full physical examination. Instructions are given concerning the taking of a midstream urine sample, which is brought for the second visit. The mother is given a pamphlet and the child a personal calendar with instructions on how to keep it. This visit takes at least half an hour and it is hoped with the above elementary psychological suggestions, together with a benign and confident approach, to establish the necessary rapport for cure. It is often gratifying to find that at the second visit even the most persistent bedwetter shows some improvement. The calendar keeping is consistently practised, often with enthusiasm.

In a few cases permanent cure is achieved after one week. In others, the simple methods are continued with success after a few visits. Urine specimens are sent for laboratory investigations, and if abnormality is found these children are referred direct to their general

practitioners. During the five years under review, only one case of organic disease has been found.

The majority of children are given the enuresis alarm machine at the second or third visit. The mother and child are given instructions on the use of the machine, and if necessary the health visitor visits the house for further supervision. If cure is to be established, the machine is usually successful within a few weeks, and parents are discouraged from retaining it for more than two months. After three months free from enuresis, no appointment is given for a further six months, and the cure is not considered permanent until the child has been dry for a year.

It has been found that the cases fall largely into two categories. The first comprises children who have never been dry, and the second those in whom the onset of enuresis occurs after varying periods of initial bladder control. The former group appear to be healthy, psychologically normal, occasionally show a familial tendency, and are often not disturbed by their enuresis. They are, almost invariably, very deep sleepers, and their parents often volunteer this information. Experience has shown that this group are the easiest in which to establish cure. In the second group, although initial cure often occurs, the relapse rate is high and it has been found that family disturbance, often between parents or with siblings, is present,. Some of the parents of these enuretic children are themselves psychiatric patients. If cure is not established after two years, the cases are referred with parental consent and co-operation to the child guidance clinic, after prior consultation with the general practitioner.

The numbers on the waiting list have dropped during the year, as school medical examinations are being transferred to general practitioners in the area. During the interregnum, medical examinations of entrants have been delayed. The main source of referral to the clinic is from these examinations.

Figures for 1968

New cases seen	12
Total attendances	106
Number cured	
(a) after use of bell	19
(b) without use of bell	3
Number referred to psychiatrist	0
Number under treatment at end of year	20
Number on waiting list at end of year	0

Corby

This still seems to be filling a need and is fairly well attended. The more enuretic children seen, the more the conviction grows that they may be divided into two groups :

(1) Those who come from good homes with normal parents, and who are comparatively easy to cure—with or without an alarm machine.

(2) Those who come from broken or problem homes, whose parents are either very careless or badly disturbed, and who are very difficult to treat.

During the year, a higher proportion than usual seemed to belong to the second group. This has entailed referring a larger number of children than usual to the child psychiatrist.

If a cure is to be obtained from using the bell, this should be effected in a period of six weeks to two months. Whatever the result, the machine is normally withdrawn after that period.

New cases seen	47
Total attendances	64
Number cured	
(a) after use of bell	6
(b) without use of bell	19
Number referred to psychiatrist	8
Number under treatment at end of year	28
Number on waiting list at end of year	11

SPEECH THERAPY

The following report incorporates notes submitted by Mrs. A. Hudson, Senior Speech Therapist.

During the first half of the year, there was a full establishment of therapists, and it was possible to visit all schools requiring the services of a speech therapist. Clinics were held at Pen Green Lane, Beanfield and Stuart Road, Corby ; Stockburn Memorial Home, Kettering ; Oxford Street Clinic, Wellingborough ; Rectory Road, Rushden ; and in Northampton. During June, the speech clinic in Northampton was moved to 7, Cheyne Walk, where the treatment room and other facilities are much improved compared with Guildhall Road.

During the year visits have been paid to all the special schools and training centres, and attention has been concentrated on those most needing help. The service given to hospitals continued to operate fully until September, when it had to be curtailed owing to staff resignations.

Three therapists left the service during the year : one left to get married in July, another left in September to take up work at a hospital in Basle, and the third left in October to work with the British Forces in Cyprus. Miss M. Axe joined the staff at the end of August to work in the Wellingborough area and at Special Schools in Loddington and Kettering.

Mrs. Manley works in Corby, with some help from Miss Kingston who continues to be very fully occupied in Kettering. Some part-time help is available from Mrs. Gilby in Rushden and Mrs. Davey in part of Northampton Rural District. Mrs. Wilson continues to work in the southern part of the county. She continues her interesting work with stammerers at the Warneford Hospital in Oxford, and has given the opportunity to the other county speech therapists of observing her successful work there. She appeared in a television programme during the year showing the type of work she is doing at the hospital.

Mrs. Hudson continues to work in the west and central parts of the county, but has difficulty in carrying a full case-load in addition to her visits to other speech therapists to co-ordinate their work and to see how their time can be most usefully spent.

Diagnostic clinics continue to be held regularly at different centres, which all therapists have the opportunity of attending to discuss their work.

Two mobile school clinics (converted from ex-Civil Defence Ambulances) were completed in the summer and are now available for use in the rural districts. The clinics provide much better facilities than are available in many one—or two-classroom village schools. At present they are centred in Daventry and Corby.

SPEECH THERAPY

No. of Speech Therapists at 31st December:										
Establishment:	3.0	3.0	3.0	4.0	4.0	4.0	4.5	5.5	5.5	5.5
In Post: (whole-time equivalent)	2.27	2.0	3.0	4.0	3.4	4.0	4.5	3.0	6.5	4.8

The year has been one of change, and one which has again seen the service under considerable pressure. Significant improvements in facilities have been made, which will contribute to the effectiveness of therapy. The volume of work is shown graphically, and this year the number of children whose treatment has been deferred owing to insufficient speech therapist time is given instead of the numbers on the waiting list. This is considered to be more significant, as children who are referred are normally seen within a month or so, but many months may pass before therapy is instituted.

A register is maintained of all those children who have been assessed as having a speech defect which is likely to be improved by speech therapy.

Statistics relating to the service are given below. The figures are not complete before 1968.

TABLE 6

1.

	1968		1967		1966	
Number of patients on Register on 1st January		960		764		543
Number of new patients referred during year						
By :						
(a) Head Teachers	444		398		396	
(b) School Doctors	60		46		93	
(c) Health Visitors	87		62		73	
(d) Parents	18		21		21	
(e) Others	39		22		79	
Total	648		577		651	
Disposal of patients referred during year or on last year's Waiting List						
(a) Did not require treatment	171					
(b) On waiting list at 31st December	137		162			
(c) Admitted to Register	502	502	552	552	617	617
Total	810					
Number of patients removed from Register in year						
(a) Normal or improved speech	360		282		289	
(b) Unable to help further	19		12		25	
(c) Unco-operative or failed to attend	22		16		26	
(d) Left school or district	63		56		55	
Total	464	464	366	366	396	396
Number of patients on Register at 31st December		998		960		764

2. At 31st December, 1968 the position regarding children on the register was

(a) Under active treatment	545
(b) Referred but not requiring regular treatment	269
(c) Deferred through lack of speech therapy time	184
Total	998

3.

Number of patients seen in 1968...	1,540
Number of patients treated in 1968	1,009
Number of patients under school age treated in 1968	86

INFECTIOUS DISEASES

As in previous years most trouble was caused by small outbreaks of sonne dysentery, a disease which is endemic in most parts of the county. The investigation following notification of an open case of pulmonary tuberculosis in a school is dealt with in detail below.

Infectious Hepatitis (Jaundice)

There was an increase in the number of cases of infectious hepatitis notified during the year, particularly in the Corby area where schoolchildren formed the majority of the 88 cases reported. However, none of these could be traced to spread within the schools.

Bowel infection

Sporadic cases of dysentery and gastro-enteritis occurred during the year affecting small numbers of school children. At one school 16 cases of sonne dysentery were notified but prompt measures were taken within the school which prevented any further spread of infection.

Minor infections

Scarlet fever affected 22 school children in one town during the year ; three of the children were members of one family and two of another. As evidence of the changing pattern of infectious disease it is, perhaps, pertinent to note that not so many years ago this condition would not have been classed as a minor infection.

A few outbreaks of influenza, measles and german measles were reported. The latter condition affected nearly 300 children in the period April—June but none of these cases was serious and relatively little disruption of normal school work was caused.

Tuberculosis and B.C.G. Vaccination

During the year there were four cases of respiratory tuberculosis amongst school children. The source cases were all family contacts. The Divisional Medical Officer of another authority reported that one of the pupils of a large boarding school in the county had been admitted to hospital suffering from open pulmonary tuberculosis during the summer holiday. With the co-operation of the school authorities it was decided that when the school re-opened for the autumn term all the pupils and staff would be screened to find out whether there were any further cases of active tuberculosis. As the case referred to above occurred in a school leaver all other school leavers were informed of the occurrence and were advised to consult their own doctor. The School staff provided a complete list of pupils and health department records were checked to ascertain the vaccinal state of the pupils which is outlined in the following table :

Number of boys known to have received B.C.G. vaccination	387
Number known to be Heaf positive	53
No record held (this included new entrants to the school in the Autumn)	287
	727

All the arrangements for the investigations were completed during the school holiday and Heaf testing commenced one week after the boys returned to school. Those vaccinated included 208 who were Heaf negative and 13 Heaf positive I reactors.

A mobile x-ray unit visited the school at the end of September and a total of 905 boys and staff were x-rayed ; two boys were referred to the chest clinic for further investigation. One was found to be suffering from sarcoidosis and the other from pneumonitis.

Routine B.C.G. Vaccination

Testing for tuberculosis and, where necessary, B.C.G. vaccination, is offered to all children reaching 13 years of age. In 1968 the parents of 3,543 children consented to these procedures giving an acceptance rate of 98.3%.

The following table is an analysis of the actual number of children who completed the Heaf test and B.C.G. vaccination where necessary. The 86 children who had previously received B.C.G. vaccination have not been included in the table.

TABLE 7

Number Tested	Number of Negative Reactors	Number Vaccinated		Number of Positive Reactors			
		Negative	Positive 1	Grade 1	Grade 2	Grade 3	Grade 4
3,168	2,850	2,850	62*	173†	87	41	17

* From September 1968 it was decided to vaccinate children with a positive 1 reaction.

† This figure includes the 62 children who were vaccinated.

All positive reactors were offered a chest x-ray and during the year 388 such children were x-rayed ; two were referred to the chest clinic for further investigation where they were later found to be normal.

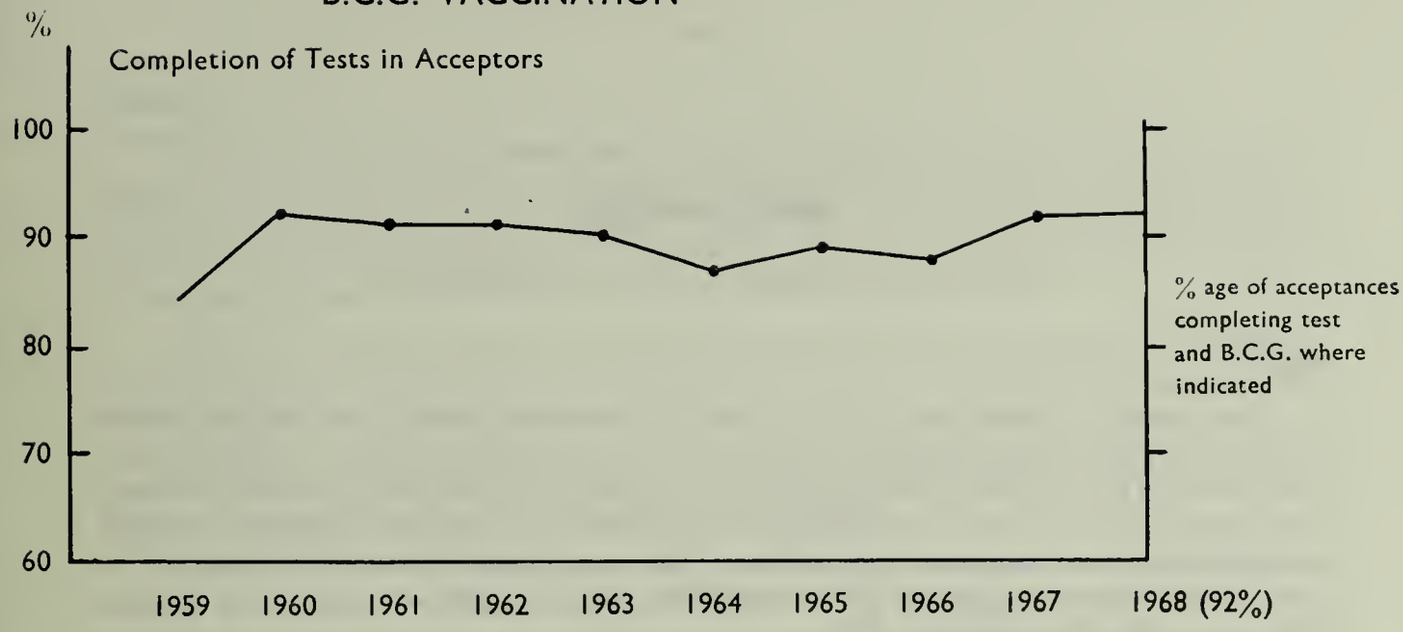
Skin conditions

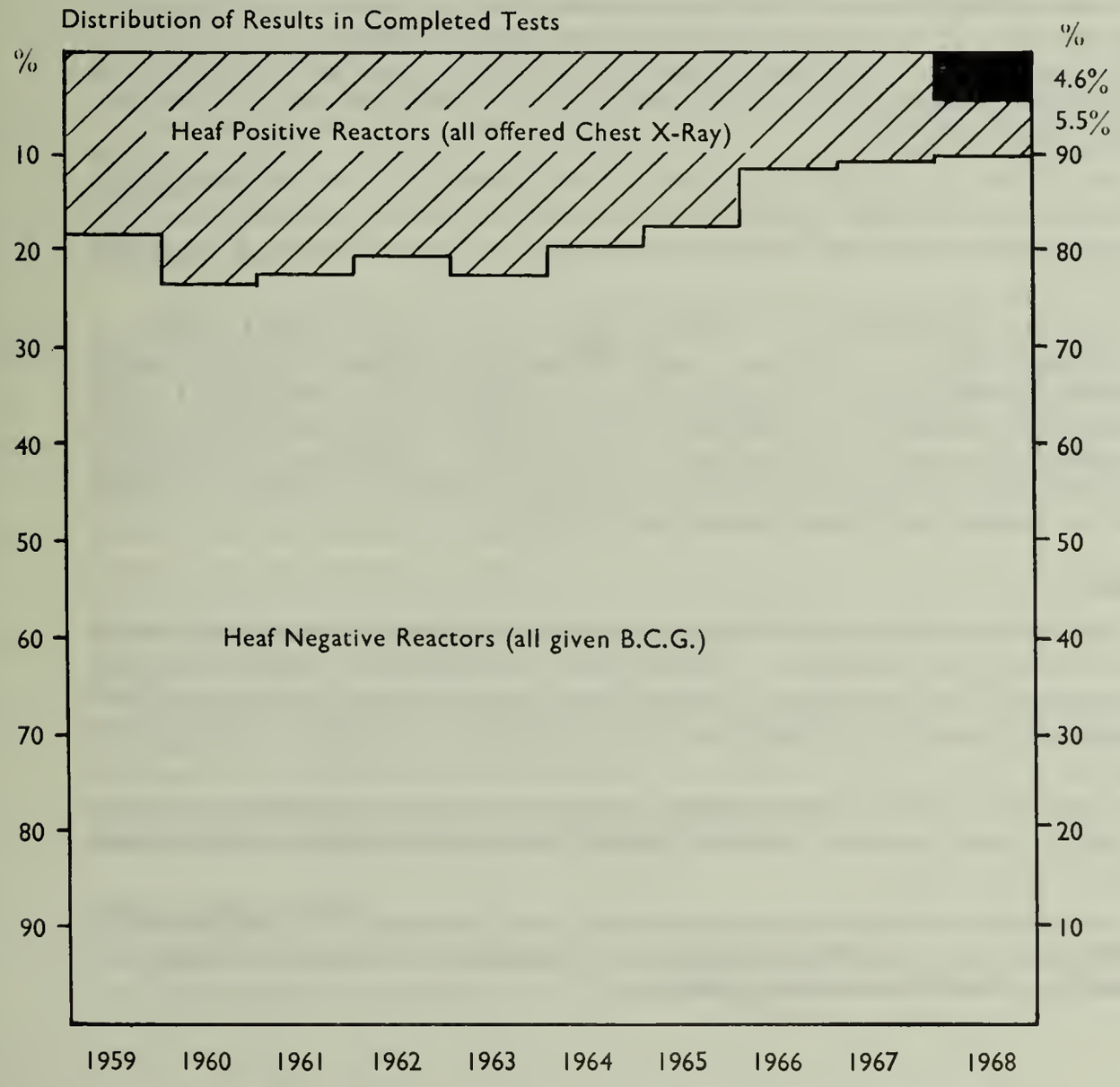
During the year it was reported that a number of school children suffering from plantar warts were attending the local public swimming bath. Schools are reminded that such children should not go swimming nor should they be involved in barefoot dancing or physical education. No undue incidence of this condition was found in schools during the year.

Scabies

A slight fall in the incidence of scabies was noted.

B.C.G. VACCINATION





Children previously having had B.C.G. have been excluded in compiling % ages of Positive and negative reactors on this graph. The solid black section shows grade II, III and IV reactors.

DENTAL HEALTH

Report by P. W. Gibson, L.D.S., *Chief Dental Officer*

Staff

The number of dental staff in post on the 31st December 1968 was ten full-time dental officers, one part-time (0.2 full-time equivalent) and three dental auxiliaries. Compared with the position at the end of the preceding year, this represented an addition of one dental auxiliary. The vacancy in Kettering area existing at the end of 1967 was eventually filled by a full-time dental officer at the beginning of June 1968. The Senior Dental Officer in this area left to take a hospital post in Australia in December 1968, and his replacement will take up full-time duties at the beginning of April, 1969.

The overall position therefore represents an improvement, the establishment being complete, but in terms of clinical output the equivalent of one half of a full-time dental officer was lost during the year. This is reflected in the treatment statistics appended to this report. In addition it must be remembered that the population continues to expand, and in particular, that the number of children on the school rolls increased by just under 1,000 between August 31st, 1967 and August 31st, 1968.

Approval has been granted for an increase in establishment of one full-time dental officer and one full-time dental surgery assistant for the financial year 1969/70. It is hoped to make this additional appointment to the Daventry area coinciding with the completion of the Health Centre there.

The ratio of dental officers to schoolchildren should therefore improve from 1 : 5,000 as at 31st December 1968, to 1 : 4,600 from 1st April, 1969 and to 1 : 4,200 after the appointment of an additional dental officer to the Daventry area, compared with the national average of 1 : 5,400 schoolchildren. The ratio of 1 : 4,200 was reached in 1967 so the improvement must be seen as a return to the position obtaining then. In this context it is significant to note that the ratio of the general dental service dentists to population in Northamptonshire was 1 : 7,600 in 1967, as compared with the national average of 1 : 4,600.

Premises

Work on the new Health Centre at Daventry is now well advanced and the medical wing of this building is already in operation. The dental suite, which includes two surgeries, is expected to be completed in April and the appointment of the approved additional professional staff will coincide with its opening. This would enable one of the two new surgeries to be in full-time use.

It will then be possible to rationalise the deployment of the three mobile dental caravans into western, central and eastern areas of the county, although staff will not be available to man them on a full-time basis.

In the light of the national economic situation priority was given to the appointment of additional staff, rather than the replacement of the two mobile dental caravans, although these replacements nevertheless remain as urgent needs.

Statistics

The absence of a full-time dental officer in the Kettering area between January 1st and the beginning of June reflects a fall in the overall number of fillings completed and the number of teeth filled, both deciduous and permanent. There was a considerable increase in the sessions devoted to dental health education however, due to the presence of a third dental auxiliary throughout the year.

The number of children inspected in school remained constant, representing 45% of children on the school roll. A further 11% were inspected for the first time in the clinic, making a total of 56% inspected during the year.

This figure always represents the efficiency of a dental service in terms of coverage of those groups of the population for which it is primarily responsible.

The fact remains that despite a staffing position which compares favourably with the national average, just over half of the schoolchildren in the county can be offered an annual inspection in school or clinic, and it is on the foundation of these inspections that dental services are built.

Other factors, of course, contribute to this state of affairs, not least the increasing amount of work being carried out for children under 5 years of age.

The number of these children seen in dental clinics rises every year, and it is interesting to note that in 1967, the last year for which comparative figures are available, the percentage of children aged three and four years seen in our clinics was 16% as compared with the national average of 6%.

Orthodontic Service

There was a further increase in the volume of orthodontic treatment undertaken during the year. The number of cases completed rose from 245 in 1967 to 323 in 1968 ; the number of removable appliances fitted from 349 to 438, and the number of fixed appliances fitted from 23 to 32. The Consultant Orthodontist continued to visit each clinic according to demand. While some of the benefits of the excellent service he provides are shown in statistical form, possibly the greater value lies in the less obvious benefit which children derive from treatment based on improving the standards of diagnosis and treatment planning which is provided by our own dental officers as a result of the encouragement and instruction they have received. Children's dentistry and orthodontics are inseparable ; for long term benefit, treatment for all children must be based on sound treatment planning. This depends on a diagnosis which has taken into account all known factors relating to the child's skeletal development, muscle pattern and tooth size, as well as its susceptibility to dental disease.

In the provision and organisation of orthodontic services lies, perhaps, the greatest part of the responsibility resting on those involved in the dental health of children. For upon the decisions made regarding treatment planning for the majority of children at the critical age of, say, 8 years will depend not only the future dental health of the child, but also the time, money and manpower employed in producing that dental health.

Dental Health Education

The policy of integrating dental health education within the framework of health education as a whole continues to be implemented. The personal contact and relationships with teachers

which dental officers achieve in the course of their work, is complemented by the attendance of the Chief Dental Officer at regular meetings of members of the Health Department staff with representative Head Teachers, to discuss the planning and policies of health education for schoolchildren. A member of the dental staff contributes to the health education programme organised for teachers by the county branch of the National Union of Teachers. One day symposia with Head Teachers are organised to enquire into specific aspects of health education.

Routine visits to schools are carried out by Dental Auxiliaries as previously, and these visits are still in great demand. To increase the effectiveness of these visits, courses are organised by the Health Education Section for Dental Auxiliaries. Technical and artistic advice is also available to the Auxiliaries which enables their ideas for visual aids to be manufactured to commercial and therefore competitive standards. We are grateful for the ready help, advice and materials provided by the Oral Hygiene Service and by the General Dental Council.

In-Service Training

Day courses for staff are now a regular feature of life and are held approximately twice a year. In 1968 two courses were held in January and October. The first of these, chaired by the County Medical Officer of Health, dealt with clinical subjects including a film on intravenous anaesthesia. A short paper on resuscitation and anaesthetic emergencies was given by Dr. D. W. Robertson ; papers on orthodontics were read by the Consultant Orthodontist, Mr. J. R. Pettman, and Mr. R. J. Corfe of the Health Department staff, and items on sterilization and the work and responsibilities of dental surgery assistants, by Mr. J. R. Humphreys and Mr. E. T. Cunnell, Chief Dental Officer, Leicester City, respectively. The second course to which Chief Dental Officers from neighbouring counties were invited was chaired by the Consultant Orthodontist, Mr. J. R. Pettman. The speakers were Mr. J. Rodgers, Senior Dental Officer, Department of Education and Science, Mr. P. Sutcliffe, Lecturer in Preventive Dentistry, University of Leeds and Mr. T. H. Liptrot, Director, School for Dental Auxiliaries, New Cross Hospital.

Courses

During 1968, post-graduate short courses in anaesthetics, dental treatment for the mentally handicapped, and dental care for very young children, were attended by various members of staff, and the Annual Conference of the British Dental Association in Brighton was attended by the Chief Dental Officer.

Future Policy

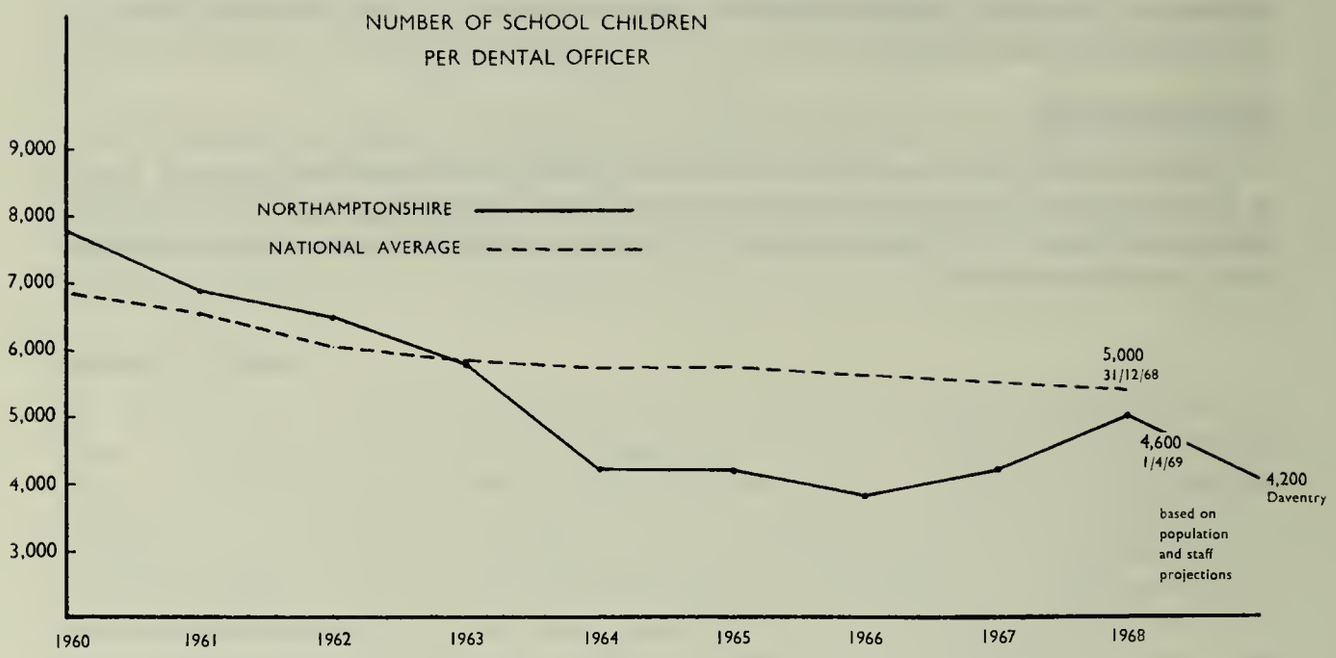
Manpower remains a chronic problem in this as in all national dental services. The changes in role and emphasis, allied to possible changing administrative structures, have tended to make the important issue—not whether there shall be a dental service for children as part of a team for providing a service for the community, but instead the effective deployment of available man power based on the realistic assessment of need and demand for treatment and the cost of providing that treatment.

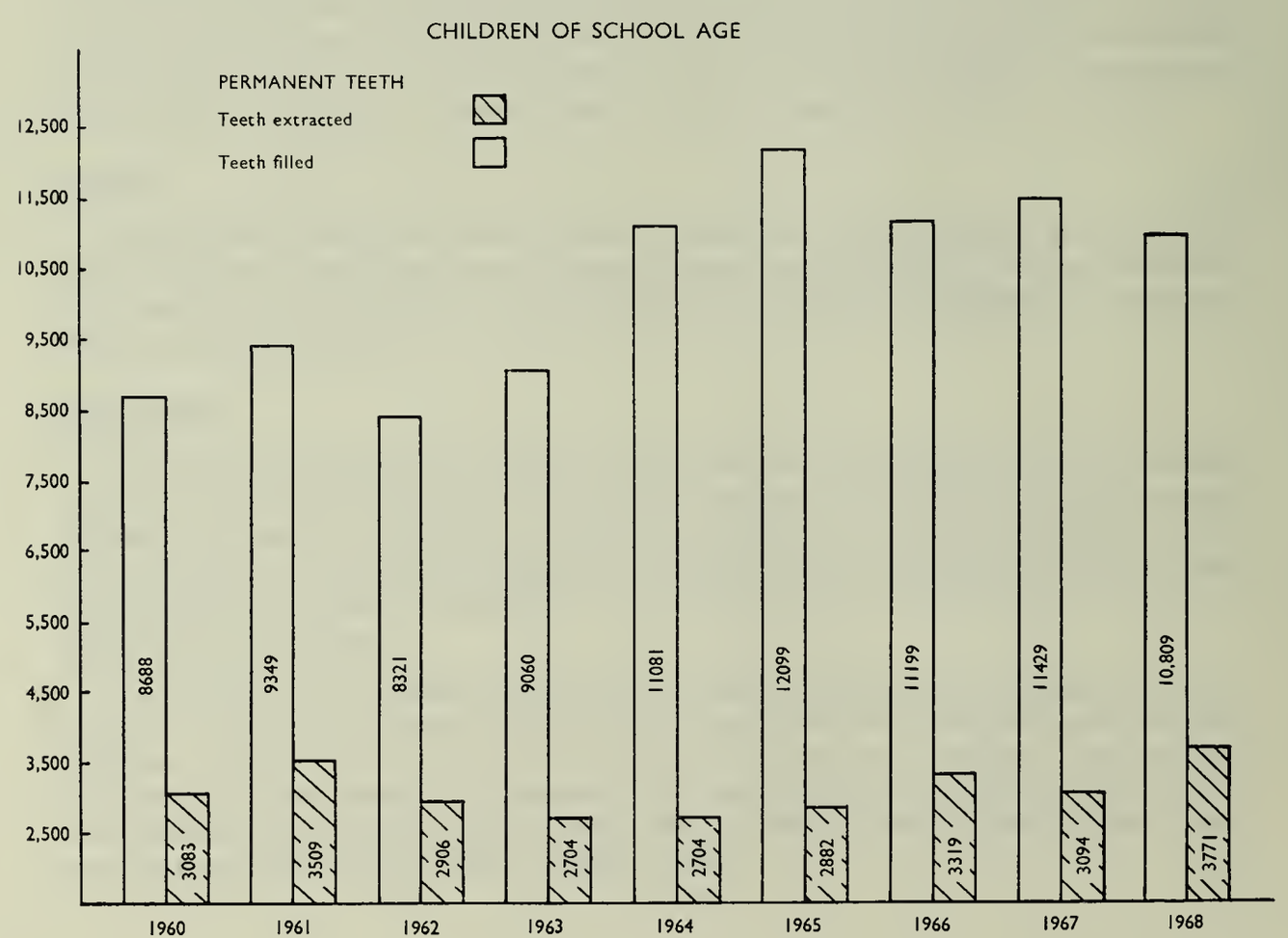
The role of the local authority dental officer will be the role of a specialist children's dentist and will be primarily a preventive one, with improved standards of diagnosis and treatment planning. This role will be based on the belief that the emphasis in dentistry is shifting from rehabilitation to prevention, that prevention is the children's dentist's prime responsibility and that the field of dentistry for children is ideal for a good preventive philosophy since it can reap the greatest benefits for patient and dentist alike.

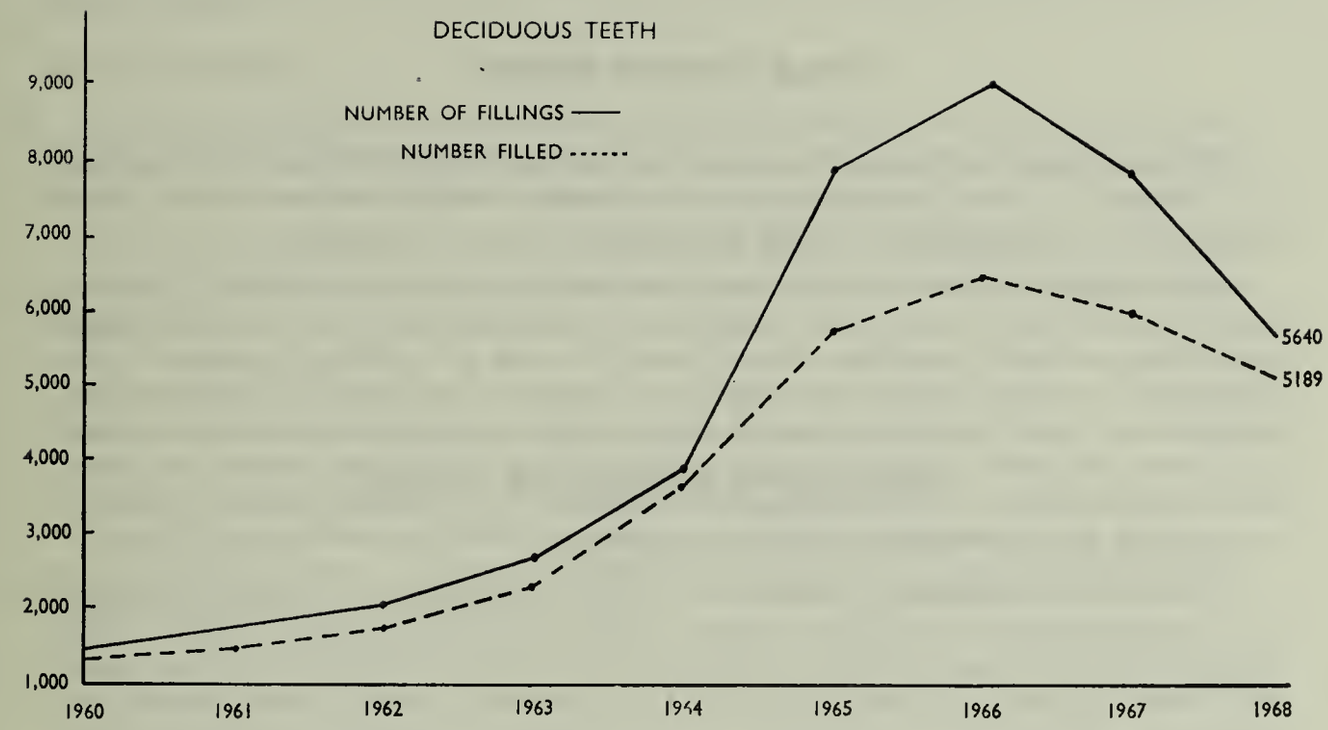
The local authority dental officer must be more highly trained than at present, to enable him to provide the specialised diagnosis and treatment planning required for children, and to acquire the ability to select and channel for hospital treatment the more complex orthodontic and surgical cases, in addition to those who are at risk for one reason or another. He must maintain an interest in research and have a constant awareness of the latest developments in dentistry at home and abroad.

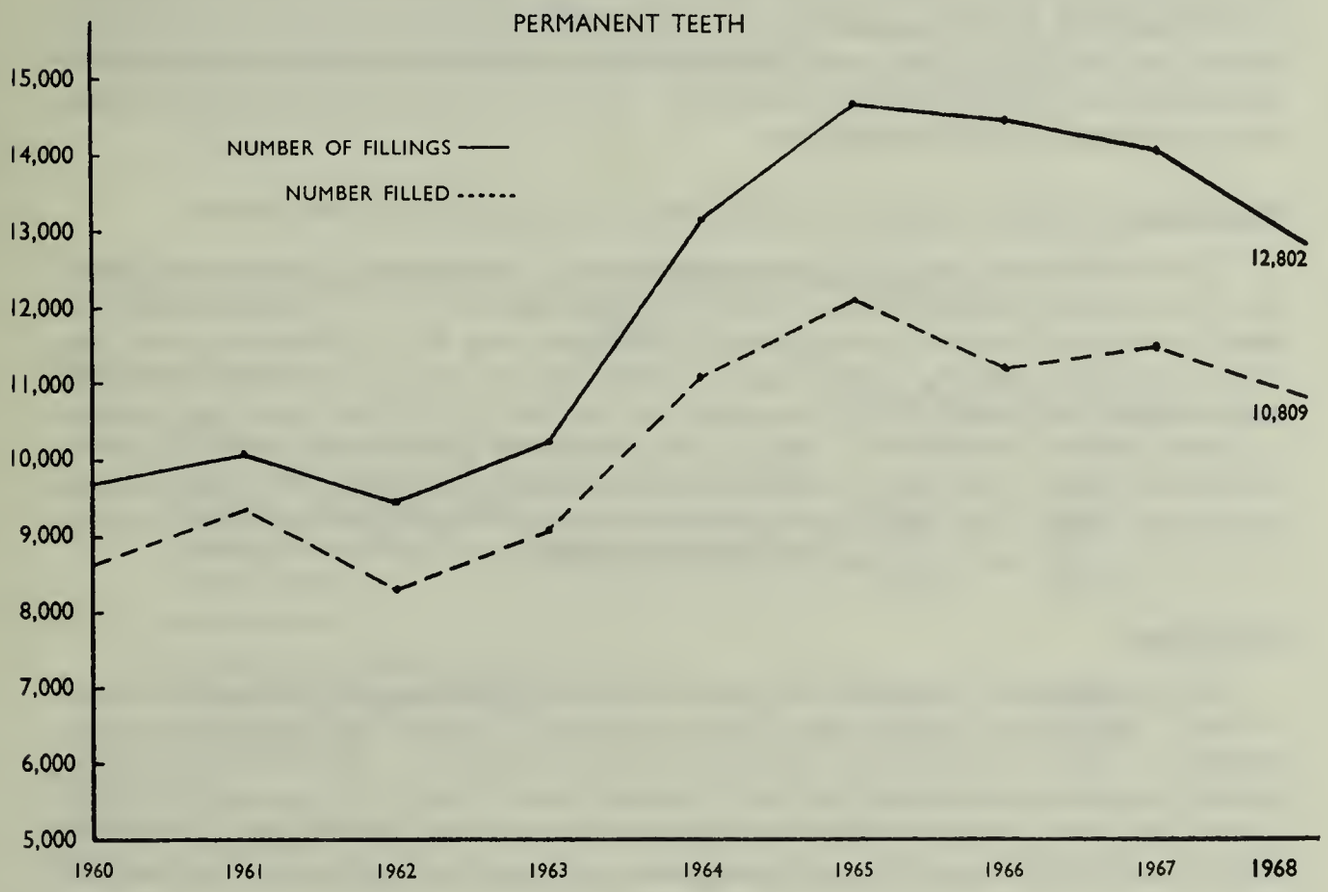
Acknowledgements

My thanks are due to my clinical and clerical staff for their continued support; to Dr. D. W. Robertson for his advice on all matters connected with general anaesthetics and Dr. R. G. Lilly, Dr. E. Ward, Dr. W. R. Howell, Dr. C. N. Bruton and Dr. W. D. Box for their assistance in the general anaesthetics.


NUMBER OF SCHOOL CHILDREN
PER DENTAL OFFICER
9,000
8,000
7,000
6,000
5,000
4,000
3,000
NORTHAMPTONSHIRE
NATIONAL AVERAGE
5,000
31/12/68
4,600
1/4/69
4,200
Daventry
based on
population
and staff
projections
1960
1961
1962
1963
1964
1965
1966
1967
1968


CHILDREN OF SCHOOL AGE
PERMANENT TEETH
Teeth extracted
Teeth filled
12,500
11,500
10,500
9,500
8,500
7,500
6,500
5,500
4,500
3,500
2,500
8688
3083
9349
3509
8321
2906
9060
2704
11081
2704
12099
2882
11199
3319
11429
3094
10,809
3771
1960
1961
1962
1963
1964
1965
1966
1967
1968


DECIDUOUS TEETH
NUMBER OF FILLINGS
NUMBER FILLED
9,000
8,000
7,000
6,000
5,000
4,000
3,000
2,000
1,000
1960
1961
1962
1963
1964
1965
1966
1967
1968
5640
5189


PERMANENT TEETH
NUMBER OF FILLINGS
NUMBER FILLED
15,000
14,000
13,000
12,000
11,000
10,000
9,000
8,000
7,000
6,000
5,000
1960
1961
1962
1963
1964
1965
1966
1967
1968
12,802
10,809

GUILD GUIDANCE SERVICE

This report has been compiled from notes and statistics supplied by Drs. K. Stewart and B. S. Phillips. For child guidance purposes the county is divided into two areas of clinical responsibility, each psychiatrist working predominantly in one of these areas.

The psychiatrists differ in certain respects in their clinical method of working. Both are agreed, however, that it is important to help other professional staff to deal with minor child psychiatric problems themselves without having to refer the children concerned to the psychiatrist. Both also maintain links with a wide range of social services and conduct training programmes for other professional workers, though this has developed rather more in the south than in the north of the county. They also draw attention to the need for a children's in-patient unit and would like to see this developed in association with a general hospital, to facilitate co-ordination with paediatricians and other specialists.

In the south of the county, a broadly based training programme for all kinds of professional staff has been instituted. This has resulted in many more cases, which at one time would have been referred to the psychiatrist, being dealt with by officers of the Children's Department and Probation Service, to mention just two of the professional groups to which training has been given. In the north of the county, Dr. B. S. Phillips has developed links with Kettering General Hospital and has named this service the Child and Family Psychiatry Service. Patients are seen either in the hospital or local authority setting, whichever appears most appropriate in the light of the family circumstances. A tribute must be paid to members of the W.R.V.S., who in some areas of the northern part of the county are looking after children in local authority clinics while their parents are being interviewed. This help has greatly facilitated the development of adequate psychiatric interviews.

Psychologists

The establishment remains at one senior educational psychologist and three psychologists. Miss D. V. Scott holds the senior post ; Mr. P. Gardner and Mr. T. P. G. Arnold returned from their year's special training as educational psychologists, and Mr. K. Hibbert has now been seconded for similar training ; Mrs. C. Jaafar remains as locum. Approximately two-thirds of the psychologists' time is spent in the educational field, only one-third of their time being available for child guidance clinical work. The amount of time for clinical work which is therefore available is totally inadequate to meet the need, and this is particularly felt in the northern part of the county. The shortage of staff limits the amount and type of work which can be carried out and the use of projective techniques is limited.

Social Work

The establishment during the year was one senior psychiatric social worker and two social workers. Mr. F. D. Payne and Miss F. Kinross resigned in October and August respectively, and Miss L. Sekules took up duty in October ; at the end of December only Miss Sekules and the senior psychiatric social worker, Mr. G. E. Skinner, were in post. The shortage of trained social work time has therefore limited the amount of help which could be given in this field. Further consideration was given to the amalgamation of social work within the Child Guidance

Service with the Joint Social Work Scheme, and it is hoped that it will be possible to implement this during 1969.

Child Psychotherapists

Owing to the difficult financial situation, it has not yet been possible to add a child psychotherapist to the establishment. Both psychiatrists point out the need for such a post and hope that one will be established as soon as possible.

The resources devoted to this service continue to be quite inadequate to meet the total need, but in the present economic circumstances no major advances are expected during the coming year.

MEDICAL EXAMINATION OF TEACHERS

The medical staff examined 370 candidates for admission to teachers' training colleges and to the teaching profession. A further 20 candidates were examined on behalf of other authorities. None was classified as medically unfit to teach.

MEDICAL EXAMINATION OF CHILDREN IN PART-TIME EMPLOYMENT

Sixty-four children in part-time employment were examined by school medical officers. None had to be advised to discontinue on medical grounds.

SCHOOL MEALS SERVICE AND THE MILK IN SCHOOLS SCHEME

The Chief Education Officer has kindly supplied the following figures :

TABLE 8

School meals service

	Autumn 1968	*Autumn* 1967
Number of canteens and dining centres	224	229
Number of primary and secondary school children taking midday meal daily	29,559	27,455
Percentage of primary and secondary school children taking meals	61.31%	59.94%
Milk in schools scheme		
Percentage of children taking milk :		
Primary and secondary schools	*90.12%	81.40%
Nursery schools	98.59%	98.57%

*Primary only

It should be noted that milk ceased to be supplied to Secondary Schools in the county in August, 1968.

TABLE 9

School eye clinics

Centre	*No. clinic sessions held*	*No. old cases*	*No. new cases*	*Total seen*
Corby Nuffield Diagnostic Centre	21	325	274	599
Kettering School Lane Clinic	20	345	207	552
Northampton General Hospital	45	346	183	529
Rushden Memorial Clinic	29	173	97	270
Wellingborough Oxford Street Clinic... ...	37	267	188	455
	152	1,456	949	2,405
	(160)	(1,513)	(897)	(2,410)
The figures in brackets refer to 1967.				
Brackley Cottage Hospital	6	27	16	43
Banbury—Horton General Hospital	8	35	16	51
	166	1,518	981	2,499

No. of pupils for whom spectacles were prescribed—866.

TABLE 10

Dental inspection and treatment

Attendances and treatment

	Ages 5 *to* 9	*Ages* 10 *to* 14	*Ages* 15 *and over*	*Total*
First visit	5686	3864	745	10295
Subsequent visits	6813	8626	1902	17341
Total visits	12499	12490	2647	27636
Additional course of treatment commenced	1134	851	181	2166
Fillings in permanent teeth	3667	8263	1872	13802
Fillings in deciduous teeth	6226	414	——	6640
Permanent teeth filled	3027	7263	1519	11809
Deciduous teeth filled	4828	361	——	5189
Permanent teeth extracted	671	2658	442	3771
Deciduous teeth extracted	6755	1735	——	8490
General anaesthetics	2652	1521	187	4360
Emergencies	883	465	81	1429
Number of pupils X-rayed				1506
Prophylaxis				1720
Teeth otherwise conserved				459
Number of teeth root filled				72
Inlays				21
Crowns				99
Courses of treatment completed				8809

Orthodontics

Cases remaining from previous year	493
New cases commenced during year	329
Cases completed during year	323
Cases discontinued during year	32
No. of removable appliances fitted	438
No. of fixed appliances fitted	32
Pupils referred to hospital consultant	Advice 453
	Treatment 79

Prosthetics

	5 *to* 9	10 *to* 14	15 *and over*	*Total*
Pupils supplied with full upper or lower dentures (first time)	3	3	1	7
Pupils supplied with other dentures (first time)	4	32	26	62
Number of dentures supplied	7	35	27	69

Anaesthetics

General anaesthetics administered by Dental Officers	2829

Inspections

(a) First inspection at school. Number of pupils	22650
(b) First inspection at clinic. Number of pupils	6035
Number of (a) + (b) found to require treatment	17854
Number of (a) + (b) offered treatment	12842
(c) Pupils re-inspected at school or clinic	4258
Number of (c) found to require treatment	2408

Sessions

Sessions devoted to treatment	4035
Sessions devoted to inspection	227
Sessions devoted to dental health education	300

TABLE 11

Child Guidance clinic

	Boys	*Girls*	*Total*
No. of cases referred during year	76	46	122
No. of cases waiting to be seen at clinic on January 1st, 1968 ...	18	10	28
No. of new cases seen by psychiatrist	54	35	89
No. of new cases seen by other clinic staff	15	3	18
No. of cases seen by other clinic staff and discharged	4	–	4
No. of cases not seen	16	7	23
No. of cases waiting to be seen at clinic on December 31st, 1968 ...	12	14	26
No. of cases under treatment on January 1st, 1968	102	44	146
No. of cases taken on for treatment during year...	61	30	91
No. of cases discharged during year	64	30	94
No. of cases under treatment on December 31st, 1968	99	44	143
REFERRED BY :			
General Practitioners	38	26	64
Parents	5	2	7
Schools	4	2	6
School Health Service	9	4	13
School Psychological Service	1	2	3
School Welfare Officers	–	–	–
Health Visitors	1	2	3
Courts	4	1	5
Probation Officers	1	–	1
Children's Officer	6	1	7
Hospital Consultants	5	6	11
Chief Education Officer	1	–	1
Other	1	–	1
REFERRED FOR :			
Nervous disorders	3	4	7
Habit disorders	5	9	14
Behaviour disorders	65	31	96
Organic disorders	–	–	–
Psychotic behaviour	–	1	1
Educational and vocational difficulties	3	1	4
Unclassified	–	–	–
No. of children discharged from Holyrood Hostel during year ...			7
No. of children admitted to Holyrood Hostel			3
No. of children removed against advice			2
No. of children discharged from Rostrevor Hostel during year ...			1
No. of children admitted to Rostrevor Hostel			1
No. of children removed against advice			1
No. of children in Residential Schools for Maladjusted Children ...			29

TABLE 12

Periodic medical inspections

Age groups inspected (By year of birth) (1)	*No. of pupils who have received a full medical examination* (2)	*Physical condition of pupils inspected*	
		Satisfactory (3)	*Unsatisfactory* (4)
1964 and later ...	7	7	—
1963	1059	1059	—
1962	1950	1947	3
1961	512	510	2
1960	190	189	1
1959	186	186	—
1958	398	398	—
1957	289	289	—
1956	68	68	—
1955	61	61	—
1954	244	243	1
1953 and earlier ...	797	796	1
Total ...	5761	5753	8

Col. (3) total as a percentage of Col. (2) total 99.86%
Col. (4) total as a percentage of Col. (2) total 0.14%

TABLE 13

Other inspections

A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of special inspections	463
Number of re-inspections	922
Total ...	1385

TABLE 14

Defects found by periodic and special medical inspections during the year

Note: All defects, including defects of pupils at Nursery and Special Schools, noted at periodic and special medical inspections are included in this table, whether or not they were under treatment or observation at the time of the inspection.

Defect code No.	*Defect or disease*		*Periodic inspections*				*Special inspections*
			Entrants	*Leavers*	*Others*	*Total*	
4	Skin	T	4	3	1	8	—
		O	7	—	2	9	1
5	Eyes—(a) Vision	T	24	31	5	60	5
		O	42	4	5	51	4
	(b) Squint	T	12	1	—	13	1
		O	16	2	4	22	—
	(c) Other	T	1	—	2	3	—
		O	12	—	4	16	1
6	Ears—(a) Hearing	T	5	1	2	8	2
		O	69	3	6	78	1
	(b) Otitis media ...	T	6	1	1	8	—
		O	41	1	—	42	—
	(c) Other	T	1	—	1	2	—
		O	8	—	—	8	—
7	Nose and throat	T	136	5	15	156	8
		O	285	1	26	312	—
8	Speech	T	20	—	1	21	1
		O	85	2	6	93	1
9	Lymphatic glands	T	7	1	—	8	—
		O	41	—	5	46	—
10	Heart	T	1	1	—	2	—
		O	32	4	4	40	1
11	Lungs	T	25	2	1	28	1
		O	99	3	10	112	—
12	Developmental—(a) Hernia ...	T	5	—	1	6	—
		O	3	—	2	5	—
	(b) Other ...	T	6	2	4	12	2
		O	82	1	13	96	—

Table 14 continued

Defect code No.	*Defect or disease*		*Periodic inspections*				*Special inspections*
			Entrants	*Leavers*	*Others*	*Total*	
13	Orthopædic—(a) Posture ...	T	8	—	—	8	—
		O	27	2	7	36	—
	(b) Feet... ...	T	5	—	—	5	1
		O	81	6	4	91	—
	(c) Other ...	T	6	2	—	8	—
		O	38	3	3	44	1
14	Nervous system—(a) Epilepsy	T	—	—	—	—	—
		O	7	—	3	10	—
	(b) Other ...	T	—	—	—	—	—
		O	25	1	5	31	—
15	Psychological—(a) Development	T	2	2	—	4	—
		O	93	3	16	112	8
	(b) Stability ...	T	5	—	1	6	—
		O	138	6	17	161	—
16	Abdomen	T	2	—	—	2	—
		O	27	1	4	32	—
17	Other	T	10	3	4	17	—
		O	70	1	12	83	—

T=Requiring treatment, or already under treatment.
O=To be kept under observation.

TABLE 15

Pupils found to require treatment at periodic medical inspections
(including those already receiving treatment, but excluding dental diseases and infestation with vermin)

Age groups inspected (by year of birth)	*For defective vision (excluding squint)*	*For any other condition recorded*	*Total individual pupils*
1964 and later ...	—	—	—
1963	5	84	83
1962	15	140	142
1961	—	14	13
1960	4	23	22
1959	2	15	17
1958	—	11	11
1957	2	8	6
1956	1	3	4
1955	—	1	1
1954	2	5	7
1953 and earlier...	29	48	75
Total	60	352	381

TABLE 16

Handicapped pupils requiring education at special schools or boarding in boarding homes

(From Chief Education Officer's return to Department of Education and Science)

During the calendar year ended 31st December, 1968	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially hearing		(5) Physically handicapped (6) Delicate		(7) Maladjusted (8) Educationally sub-normal		(9) Epileptic	(10) Speech Defects	Total Cols. 1-10
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
A. How many handicapped pupils were newly assessed as needing special educational treatment at special schools or in boarding homes?	1	2	2	2	15	9	27	89	1	3	151
B. (i) of the children included at A, how many were newly placed in special schools (other than hospital special schools) or boarding homes?	—	—	2	2	9	4	12	42	1	1	73
(ii) of the children assessed prior to 1st January, 1968, how many were newly placed in special schools (other than hospital special schools) or boarding homes?	—	1	1	2	4	1	12	36	1	—	58
Total (B(i) and B(ii))	—	1	3	4	13	5	24	78	2	1	131
On 23rd January, 1969, how many handicapped pupils from the Authority's area—											
C. (i) were requiring places in special schools—											
(a) day	—	—	—	—	3	—	—	56	—	—	59
(b) boarding	3	1	—	—	3	3	19	49	—	2	80
(ii) included at (i) had not reached the age of 5 and were awaiting (a) day places ...	—	—	—	—	1	—	—	—	—	—	1
(b) boarding places	3	—	—	—	—	—	—	—	—	—	3
(iii) included at (i) who had reached the age of 5, but whose parents had refused consent to their admission to a special school, were awaiting—											
(a) day places	—	—	—	—	1	—	—	20	—	—	21
(b) boarding places	—	—	—	—	—	3	3	39	—	—	45
(iv) included at (i) had been awaiting admission to special schools for more than one year	2	—	—	—	—	2	7	65	—	—	76
D. (i) were on the registers of											
1. maintained special schools as,											
(a) day pupils	—	—	—	—	34	17	5	255	7	1	319
(b) boarding pupils	1	8	—	8	7	3	7	83	—	—	117
2. non-maintained special schools as,											
(a) day pupils	—	—	—	—	—	—	—	—	—	—	—
(b) boarding pupils	7	4	13	8	11	7	7	4	5	1	67
3. independent schools under arrangements made by the Authority	—	—	—	—	1	—	20	1	—	—	22
4. Special classes and units not forming part of a special school	—	—	—	9	—	—	—	—	—	—	9
(ii) were boarded in homes and not already included under D. (i) above	—	—	—	—	—	—	9	—	—	—	9
Total (D)	8	12	13	25	53	27	48	343	12	2	543
E. **On 23rd January, 1969,** how many handicapped pupils (irrespective of the areas to which they belong) were being educated under arrangements made by the Authority in accordance with Section 56 of the Education Act, 1944											
(i) in hospitals	—	—	—	—	—	2	2	—	—	—	4
(ii) in other groups (e.g. units for spastics, convalescent homes)	—	—	—	—	—	—	—	—	—	—	—
(iii) at home	—	—	—	—	5	—	1	—	—	—	6

TABLE 17

Eye diseases, defective vision and squint

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	—
Errors of refraction (including squint)	2405
Total	2405

TABLE 18

Orthopaedic and postural defects

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patient departments	*Not known*
(b) Pupils treated at school for postural defects ...	6
Total	6

TABLE 19

Diseases and defects of ear, nose and throat

	Number of cases known to have been dealt with
Received operative treatment	
(a) for diseases of the ear	*Not known*
(b) for adenoids and chronic tonsillitis ...	340
(c) for other nose and throat conditions ...	—
Received other forms of treatment	47
Total	387
Total number of pupils in schools who are known to have been provided with hearing aids	
(a) in 1968	5
(b) in previous years	52

TABLE 20

Infestation with vermin

(i)	Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	13,163
(ii)	Total number of individual pupils found to be infested	356
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	Nil
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	Nil

TABLE 21

Diseases of the skin

(Excluding uncleanliness, for which see Table 20)

	Number of cases known to have been treated
Ringworm—(i) Scalp	—
(ii) Body	—
Scabies	22
Impetigo	9
Other skin diseases	14
Total	45

CLINICS FOR SCHOOL CHILDREN

Dental

Corby—Pen Green Lane
—Stuart Road
Kettering—Stockburn Memorial Home
Northampton—Guildhall Road
Rushden—Rectory Road
Wellingborough—Oxford Street

Refractions

Banbury—Horton Hospital
Brackley—Cottage Hospital
Corby—Diagnostic Centre
Kettering—School Lane
Northampton—General Hospital
Rushden—Memorial Hospital
Wellingborough—Oxford Street

Vaccination and Immunisation

Kettering—School Lane
Northampton—Guildhall Road
Rushden—Rectory Road
Wellingborough—Oxford Street

Audiology

Brackley—Methodist Hall
Corby—Stuart Road
Kettering—Stockburn Memorial Home
Northampton—7 Cheyne Walk
Rushden—Rectory Road
Wellingborough—Oxford Street

Enuresis

Corby—Stuart Road
Daventry—Secondary School

Child Guidance

Corby—Pen Green Lane
—Stuart Road
Kettering—School Lane
—Stockburn Memorial Home
Northampton—Cliftonville Road
Wellingborough—Oxford Street

Ear, Nose and Throat

Corby—Diagnostic Centre
Kettering—General Hospital
Northampton—General Hospital
Rushden—Memorial Clinic

Speech Therapy

Corby—Stuart Road
Kettering—Stockburn Memorial Home
Northampton—7 Cheyne Walk
Oundle—Glapthorn Road Hospital
Rushden—Rectory Road
Wellingborough—Oxford Street

Mobile Clinics

A mobile medical and three mobile dental clinics are used in certain parts of the county.

Two mobile clinics are used in rural areas for audiometric and vision testing, and for speech therapy.

PRINTED BY STANLEY L. HUNT (PRINTERS) LTD., GEORGE STREET, RUSHDEN, NORTHANTS